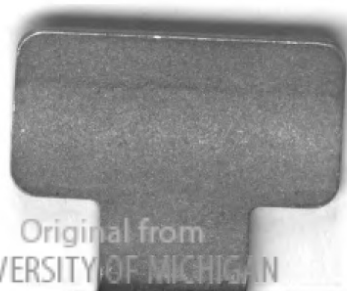
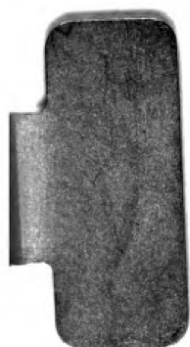


The ARMY NURSE CORPS
YESTERDAY and TODAY

By

Mary M. Roberts, R. N.





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WHEREVER SHE SERVES, SHE MUST HAVE THE QUALITIES SO ESSENTIAL IN
NURSING—WARMTH, SINCERITY, UNDERSTANDING, AND A STRONG SENSE
OF RESPONSIBILITY.

Received
1917
10-10-17
9-10-17
10-10-17

FOREWORD

All graduate nurses have a responsibility to be well informed about the many areas of nursing in which other professional nurses are engaged. Thus it becomes necessary for nurses to interpret to each other the roles they have assumed as nurses in the complex organization of today's society. This book was prepared to provide for all nurses a source of information regarding the historical development of the Army Nurse Corps, its progress in military nursing, and its contributions to the profession of nursing.

In order that an objective, comprehensive, and unbiased account might be prepared, Miss Mary M. Roberts, editor emeritus of the **American Journal of Nursing**, was asked to prepare this review. Miss Roberts is well known to nurses everywhere for her integrity and fine contributions to professional nursing, her ability to analyze and evaluate nursing activities, and her understanding of the needs of this profession.

Miss Roberts has prepared a factual, informative, and realistic record of nursing in the Army Nurse Corps. Her interpretation of nursing in the Military Service will provide graduate and student nurses with a true understanding of one more area of the numerous facets of professional nursing. To her I extend my sincerest appreciation for her work in preparing this material. It will be of interest and use to nurses everywhere.

INEZ HAYNES
Colonel, ANC
Chief, Army Nurse Corps

Nurses

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CHAPTER I

THE ARMY NURSE CORPS TODAY

The Opportunity. Catching sight of the insignia of the Army nurse who was caring for him with compassionate efficiency, a youthful soldier who had been seriously wounded in combat roused from his deepening indifference to the effort of living. "A major," he muttered, "taking care of a **private!** That's something to write home about!" It happened in Korea, but might have occurred at any military installation where members of the Army Nurse Corps (ANC) are assigned. To the nurse officer there was nothing unique in the situation. She was acting on the established principle that seriously ill patients require the services of the most highly skilled nurses available. Care based on evaluation of a patient's nursing needs regardless of rank is now a basic factor in Army Nurse Corps planning.

Preparation for Service. All members of the Army Nurse Corps are commissioned officers; as such they have a dual function, as do medical officers. They are professional practitioners in a field for which they have secured basic preparation before they entered the Army, and are expected to keep abreast of progressive professional developments. They have the administrative responsibilities of officers in fulfilling the mission of the Corps, which is "to provide the nursing care essential to the accomplishment of the mission of the Army Medical Service." As the oldest of the Federal nursing services, the Corps has established an enviable record of distinguished service during three wars. The importance of its year-in, year-out service to military personnel and their dependents is not generally understood although, under our present system of universal military training and service, it should be recognized by every

American family. Today, by means of continuous research and in collaboration with national nursing organizations and other agencies, the Corps is in the vanguard of the midcentury movement to improve the nursing care of patients, military and civilian, during peace or time of crisis.

Status. The entire profession takes justifiable pride in the permanent commissioned rank accorded members of the ANC by the Army-Navy Nurses Act of 1947. They now serve in grades from second lieutenant to colonel. Commissioned status has made possible clear definition of the responsibilities of the Corps and its relationships with other units of the complex Medical Department. Military nursing is not static and Army nurses have many opportunities for improving their professional knowledge and skills. It is noteworthy that, except in managerial situations where they are necessarily conscious of their obligations as commissioned officers, they think and act as professional nurses, as did the major in Korea.

Planning Based on Needs. The Corps is like an accordion: It expands and contracts in response to military needs. The Corps was composed of more than 21,000 professional nurses in World War I and reached a peak membership of 57,000 in World War II. It is estimated that 100,000 nurses have served in the Corps since its organization in 1901. These expansions from a few hundred to many thousands were made possible by the decision of individual nurses to volunteer for service; a record of which both the ANC and the profession are justly proud.

In these uncertain times the Corps is actively cooperating with the national nursing organizations and other agencies in promoting the development of nursing in relation to national defense. As a measure of preparedness the American Nurses' Association, speaking for the organized profession, recommends that all eligible nurses devote a

minimum 2-year period to military nursing. Young nurses who act on that suggestion will find that such a demonstration of patriotism can also be a deeply rewarding professional and life experience. A very considerable number of nurses now in the ANC, after serving in World War II or in Korea, returned to civilian life. Finding that military nursing had given them more satisfactions than they could find in civilian situations, they happily rejoined the Corps when opportunity occurred.

The prestige of the Corps, its worldwide service and its Career Guidance Program, based on continuous research, are attracting more and more well-qualified nurses. Recent studies indicate that the level of academic preparation in the Corps (Regular) is almost 3 percent higher than that of the profession as a whole.

Where Nurses Serve. The Army installations to which nurses are assigned quite literally gird the earth. Truly, "the sun never sets on the Army Nurse Corps." Approximately one-third of the Corps—Regular and Reserve—is now overseas. In this Country, nurses are assigned to two types of hospitals, Class I and Class II installations. Class I hospitals are located close to the troop-training areas. The nine "named" or Class II hospitals—including Walter Reed in Washington, Fitzsimons in Denver, Letterman in San Francisco, Brooke in Fort Sam Houston, Texas—are all well-staffed and superbly equipped institutions. They are the military counterparts of the great civilian medical centers. These military medical services are directed by some of the Nation's best known physicians. Scientific research goes steadily forward in such fields as metabolic studies, the use of isotopes, the cure of burns, and the care of mass casualties. Since the Medical Department adopted the team concept shortly after World War II, increasing numbers of nurses are participating in medical research programs.

This partnership creates a dynamically stimulating interest in the nursing care of patients.

Newly commissioned nurses, after their 8 weeks' orientation at the Army Medical Service School at Fort Sam Houston, usually have their first assignment at one of these Class II hospitals. Upon request, as often happens, this may be followed by assignment overseas if such duty is in line with "the needs of the Service."

Both types of hospitals in this Country, Europe, and the Far Eastern area, care for both military personnel and their dependents. In other words, the Army needs and can effectively utilize the services of professional nurses, whether they have general preparation or specialized training.

The Army Health Program. The Army nurse assigned to the Health Nursing Service, under the direction of a medical officer, establishes and maintains liaison with local health authorities to assist in the prevention and control of health problems. This program includes maternal and child health instruction, case finding and assistance to persons in need of medical service, and "followup" on convalescent patients designated by a medical officer. School nursing where it is not otherwise available, for example in Japan, is also a facet of this service. This program is attractive to qualified public health nurses.

Sharing. Ambitious and well-adjusted nurses who join the Corps have their ups and downs as in all life situations; yet they can count on interesting opportunities to participate in a variety of nursing services, on professional advancement, extensive travel, and economic security. They can acquire that deeply satisfying sense of "belonging" which is one of the striking characteristics of military folk. Beyond all else, they can enjoy the indescribably deep satisfaction which comes from serving where need is self-evident.

CHAPTER II

EARLY HISTORY OF MILITARY NURSING IN THE UNITED STATES

The evolutionary processes by which the Corps has attained its present distinction are of historical and professional interest. "The Army Nurse Corps (female)" was one of the important outcomes of the Spanish-American War. The history of military nursing, however, goes back to the War for Independence when General Washington asked for funds to employ nurses in a ratio of "one nurse to every ten patients"—a ratio which is still considered valid some 200 years later even though many social changes have occurred. Feminine members of the families of soldiers were employed to care for the sick, to prepare their food, and to perform housekeeping duties. These, the first women employed by the military, received \$2 a month with room and board.

Nursing in the Civil War. When the Nation was torn by The War Between the States the world had been made aware of the life-saving work of Florence Nightingale in the British Army and of her establishment of the first modern school of nursing. At that time no schools had been established in this Country. Women of the North and South from all walks of life volunteered for service with the Federal and Confederate armies. Dorothea Lynde Dix, whose persistence and persuasive powers were then effecting significant reforms in the care of the mentally sick, promptly offered the War Department her own services and those of a group of women who accompanied her to Washington. The Secretary of War appointed her Superintendent of Women Nurses with authority to appoint and supervise such persons. Approximately 6,000 women performed

some type of hospital service, for which they received the lowest pay in the Army.

Many accounts of nursing experiences with the Federal armies were published. One of the liveliest was that recorded in her Journal by Louisa May Alcott, author of **Little Women** and other books. She wrote: "Up at six, dress by gas light, run through my ward and throw up the windows, though the men grumble and shiver. But the air is bad enough to breed a pestilence . . . till noon I trot, trot, trot, giving out rations, cutting up food for helpless 'boys', washing faces, teaching my attendants how beds are made or floors are swept, dressing wounds . . . At twelve comes dinner for patients and afterward letter writing for them or reading aloud . . . Supper at five sets everyone running who can run . . . Evening amusements . . . Then, for such as need them, the final doses for the night."

In addition to the direction of nursing services, Miss Dix was made responsible for the care and distribution of the food and sickroom supplies which poured in from many agencies. She was shorn of much of this authority by Congress when it became apparent that she lacked the administrative capacity to act with decision in complex situations for which there were no precedents. The Secretary of War, however, supported her throughout the War and rewarded her with the only gift she would accept, "a stand of colors." As there was no continuing Army nursing service, the beautiful flags were bequeathed to Harvard University.

Nursing in the Spanish-American War. The story of military nursing in the United States by professional nurses does not begin until the spring of 1898. With the outbreak of the Spanish-American War, Congress appropriated the necessary funds and authorized The Surgeon General to employ nurses on contract. The organization now known as the American Nurses Association

held its first regular meeting that spring. It then had only 2,000 trained nurse members and it had no headquarters or clerical staff. A telegram to The Surgeon General offering the Association's services should need arise was so garbled in transmission (it was later learned) that it had no meaning. The offer was courteously declined!

Contract Nurses. The Daughters of the American Revolution (DAR), however, was a flourishing organization with

a membership of over 20,000 patriotic women. It had chapters in many parts of the Country, and was well-established in Washington. The vice president, Dr. Anita Newcomb McGee, was a member of a distinguished Washington family. A woman of high professional and personal standards, she was to demonstrate considerable insight and administrative ability. At her suggestion, the DAR offered to assist The Surgeon General in the procurement of nurses. The offer



CONTRACT NURSES SERVING IN THE SPANISH-AMERICAN WAR, 1898.



DR. ANITA NEWCOMB McGEE, ACTING ASSISTANT SURGEON GENERAL IN CHARGE OF ARMY NURSE DIVISION IN THE SPANISH-AMERICAN WAR (1898-1900).

was accepted although The Surgeon General did not anticipate a call for many nurses, as military surgeons were generally opposed to their employment. A considerable body of correspondence from nurses and would-be nurses was promptly turned over to Dr. McGee. The Army Nurse Corps and the nursing profession owe much to her foresight. She established standards of admission to the Service and set up a reliable records system. DAR volunteers assisted with the evaluation of credentials, including statements regarding the competence of nurses from the heads of the schools from which they had been graduated. A certificate of good reputation was also required. Dr. McGee declined a proposal that only members of the Associated Alumnae (later the ANA) be appointed because it would interfere with her plan for utilizing the

facilities and membership of the DAR. Her refusal of a suggestion intended to assure maintenance of the best standards of nursing care then available created some bitterness in the profession.

The Army Nurse Division. Historically, the Spanish-American War occurred in the early dawn of the era of sanitary engineering and preventive medicine which owes so much to men then serving in the Medical Department of the Army. Yellow fever, malaria, dysentery, and other tropical diseases were threats to the troops in Cuba. At midsummer an epidemic of typhoid fever swept through the training camps. Communicable diseases, not military casualties, created urgent demands for nurses which were not all channeled through the office of The Surgeon General. Late in August Dr. McGee was appointed Acting Assistant Surgeon

General in charge of the Army Nurse Division. This removed nursing from the aegis of the DAR and established it in the office of The Surgeon General. Years later Dr. McGee wrote, "I made a great mistake in not suggesting an official appointment in the beginning. . . ." Breaking the ice of medical tradition, curbing the vaulting ambitions of inexperienced nurses, and coping with volunteer agencies determined to act independently of the Medical Department was a gruelling task. Dr. McGee's well-kept diary reveals both her problems and her deep sincerity of purpose. In the midst of many rivalries and misunderstandings, often created by the fulsome publicity accorded other agencies, she adhered to certain basic principles of administrative practices. Almost 8,000 applications were received. By the end of the year nearly 1,700 nurses had served under Dr. McGee's direction, although not more than 1,200 had been on duty at any one time.

Recruitment by American Red Cross (ARC). The American Red Cross at the time of the Spanish-American War was not the closely knit organization that made it an important collaborator with the Armed Forces in World War I. Scattered Red Cross societies became actively interested in the recruitment of nurses for service on or near the battlefields. New York's Red Cross Auxiliary No. 3 (also known as the Society for Maintenance of Trained Nurses) recruited a high percentage of the nurses who cared for military patients that summer. Some of them were women who, having achieved distinction in their profession, demonstrated both moral courage and professional initiative in meeting the distressing situations in the camps. Two hundred and fifty volunteers were members of Catholic and Protestant sisterhoods; but most of them were Sisters of Charity. Some of the nurses remained under the jurisdiction of the Red Cross societies and were financed by them. The national nursing

organization promptly set to work to secure legislation for military nursing comparable to that secured by Miss Nightingale for the British Army. When the War was over and pensions were made available to contract nurses only, many regretted that they had not been militarized.

Birth of the ANC—1901. Following the Spanish-American War, Dr. McGee, who considered the ideas of the professional organization impracticable, spent a year laying the foundation on which the ANC has been built. On request of The Surgeon General she wrote that section of the Army Reorganization Bill which, when passed by Congress early in 1901, established the Army Nurse Corps (female) as a part of the Army Medical Service. The Surgeon General, noting this important development in his report for that year, added, "The work of nurses continues to be appreciated." Under this Act nurses received military letters of appointment instead of contracts, and agreed to serve 3 years. The functions and military status of nurses were not defined. The Surgeon General had not been willing to consider any provision for rank for nurses—an interesting point since relative rank was one of the principles on which military nursing had been established in Great Britain.

Acutely aware that leaders of the nursing profession felt that the Corps should be directed by a nurse, Dr. McGee included that specification in the Act. Before resigning she selected a member of the Corps for the position of Superintendent, Mrs. Dita H. Kinney, Superintendent of the Corps from 1901 to 1909, who was a graduate of the Massachusetts General Hospital School of Nursing. In the course of a varied experience she had taught home-nursing courses under YWCA auspices, but her administrative experience was limited. When she was promoted the Corps had less than 200 members. The assignments of this pioneer group are



DR. DITA H. KINNEY, SUPERINTENDENT OF ARMY NURSE CORPS (1901-1909).

of interest in comparison with those of today's farflung Corps. They were stationed on a rotation system at the Army's General Hospital in San Francisco, one for tuberculosis patients at Fort Bayard in New Mexico, and at several small installations in the Philippines.

The Need for a Reserve. The importance of maintaining a Reserve for the Corps has been recognized from its inception. It was assumed that former Service nurses, who proudly joined the Association of Spanish-American War Nurses which Dr. McGee organized, would also be interested in placing their names on a "reserve" or "eligible" list. But, whether due to lack of dynamic leadership in the Corps or to matrimony and other conflicting interests, there were no names on either list at the end of Mrs. Kinney's tenure. Generally

speaking, nurses were uninformed about or indifferent to the Corps, although the still immature ANA was well aware of its importance. Indeed, in the early part of the century few Americans had any knowledge of or interest in the Nation's modest Military Establishment.

Jane A. Delano, who was appointed to succeed Mrs. Kinney, was a graduate of famous Bellevue where she had been Superintendent of Nurses. A woman of commanding presence and deeply compassionate spirit, she was known to be an ardent patriot. During her brief tenure (1909-1912) she effected such a marked change in the attitude of nurses toward military service that, in her last year, the ratio of applicants to authorized spaces was approximately five to one. At about the time Miss Delano entered upon her duties in The Surgeon General's office, the reorganized



MISS JANE A. DELANO, SUPERINTENDENT OF ARMY NURSE CORPS (1909-1912).



MISS ISABEL McISAAC, SUPERINTENDENT OF ARMY NURSE CORPS (1912-1914).

ARC set up a national committee on Red Cross Nursing Service which included The Surgeons General of the Army and Navy in its membership. Miss Delano became chairman, a position she held until her death shortly after the end of World War I. Convinced that she could perform a greater service for her Country and her profession, she resigned from the Office of The Surgeon General to become a full-time volunteer director of the Department of Nursing with the American National Red Cross. Miss Delano, believing that the Corps should produce its own leaders, had hoped that a member of the Corps would succeed her, but The Surgeon General sought another civilian for the position.

Period of Planning, 1912-1915. Isabel McIsaac, who became Superintendent of the Corps in 1912, had been prin-

cipal of the highly respected and widely known Illinois Training School in Chicago. Through work with national organizations she was thoroughly familiar with nursing developments throughout the Country. Her service of less than 2 years was terminated by the illness which caused her death. She and Miss Delano were collaborating in the preparation of a book on home care of the sick when interest in military nursing was stimulated by hostilities on the Mexican Border at the outbreak of war in Europe.

The major function of the Committee on Nursing Service of the Red Cross was to devise a plan by means of which a roster of nurses could be built up to serve as a reserve for the Military Services and to provide nurses for ARC emergency. A triangular plan, unique in the history of nursing, was set up

under Miss Delano's direction. It linked the Red Cross nursing service with the membership of the American Nurses Association on the one hand and with the Army Nurse Corps on the other, thus strengthening all three. Extremely useful in World War I, the arrangement was continued until the termination of World War II. The general level of nursing education was then very low. To safeguard both military and ARC services, nurses enrolled by the Red Cross were required to be graduates of schools which met stand-

ards well above the minimum requirements of many State boards of nurse examiners. Enrolled nurses wore with personal and professional pride the Red Cross pin designed especially for them. They were assumed to be available for service when needed. Although enrolled Red Cross nurses were considered a reserve for the ANC from the beginning, War Department regulations did not include a specific statement to that effect until the shadow of World War I began to fall on this Country.



MISS DORA E. THOMPSON, SUPERINTENDENT OF ARMY NURSE CORPS
(1914-1919).

CHAPTER III

THE ARMY NURSE CORPS IN WORLD WAR I

Dora E. Thompson, a graduate of the New York City Hospital School of Nursing, was appointed to succeed Miss McIsaac. While stationed at The Presidio, she had displayed initiative and courage during the great San Francisco fire and was known to be a quietly efficient chief nurse. Upon the shoulders of this modest woman, who disliked administrative work, fell the responsibility for directing the Corps through the turbulent stresses of World War I. As the Army was increased from 100,000 to 4,000,000 men, the Corps was increased under Miss Thompson's direction from 400 to more than 21,000 nurses, most of whom had been enrolled by the Red Cross.

The status of the Corps had never been defined. Hospital wards were in charge of ward surgeons, and nurses assigned to wards were responsible to them with practically no supervision from the offices of the Chief Nurses. Wardmasters were responsible for the maintenance of the wards and supervision of enlisted personnel. Nurses gave some of the on-the-job instruction to enlisted men assigned to assist with the care of patients. Persistent efforts by Miss Thompson resulted in a regulation stating that, in the care of the sick and wounded, nurses had authority next after medical officers. This was the first major step in the evolutionary process which was completed when the ANC became a permanently commissioned corps after World War II.

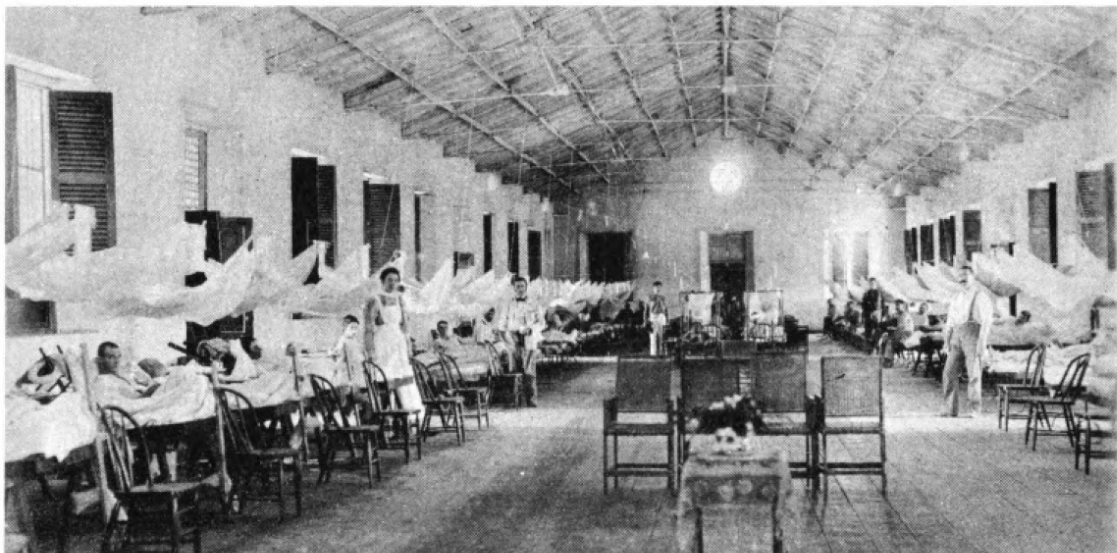
Before this Country entered the War, the Red Cross had added to its nursing staff an able administrator who became responsible for the assignment of nurses. Plans for 50 base hospitals were developed in cooperation with medical

schools and related agencies throughout the Country, and were approved by the War Department. Personnel were recruited; nurses designated Chief Nurses (usually the superintendents of nurses) worked in collaboration with the Red Cross. Equipment was provided by Red Cross chapters. Forty-nine of these base hospitals were activated and most of them expanded far beyond their original capacity. They provided a foundation for the Medical Service of the American Expeditionary Forces (AEF).

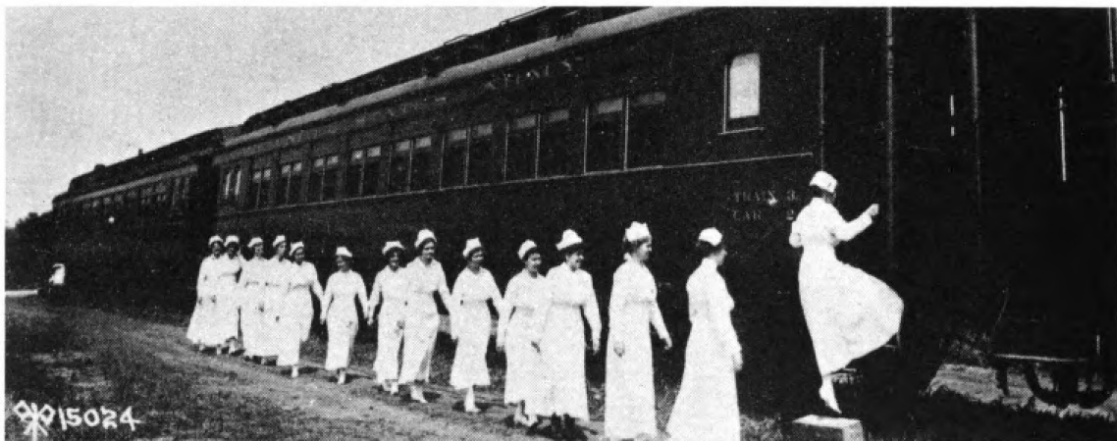
During the summer of 1917, when men were pouring into the cantonments or "soldier cities" hastily built to accommodate almost 50,000 men each, six of the base hospitals were sent overseas to serve with the British Expeditionary Forces. The Chief Nurses of three of these six base hospitals received their orders while attending the annual convention of the National Nursing Organizations. This dramatic coincidence, if such it was, did much to stimulate the patriotic fervor of those in attendance.

At this time the ANC had no uniforms and time would be required to secure appropriations and contracts for their manufacture. The ARC, with limited experience in outfitting personnel for oversea service, established a bureau of nurses' equipment in New York. Nurses going overseas were supplied with outdoor uniforms consisting of navy-blue serge dresses, heavy ankle-length ulsters, and blue velure hats. The duty uniforms were gray chambray, a white one being included for use on special occasions. This equipment, far from adequate to meet the requirements of military and climatic conditions, was supplemented in various ways.

The roofs were hardly on the cantonment hospitals when they began calling for nurses. Smallpox, diphtheria, typhoid, and paratyphoid could be controlled by the Army's immunization program. But fatigue, exposure, and living in crowded quarters made the



CANTONMENT HOSPITAL, WORLD WAR I.



AMERICAN HOSPITAL TRAIN STATIONED AT BASE HOSPITAL, FORT RILEY, KANSAS, AND NURSES IN TRAINING FOR OVERSEA DUTY IN 1918.



ARMY NURSE CORPS UNIFORMS WORN IN FRANCE IN 1919.

draftees, especially those from rural areas, susceptible to communicable diseases for which there were no protective measures. Meningitis, mumps, and measles filled many a ward. After measles came pneumonia, often followed by empyema. The most important technical advance required of nursing during that War was the use of Carrel-Dakin solution for infected wounds and cavities. When pandemic Spanish influenza smote the world in 1918 like a plague out of the Middle Ages, it struck with malevolent force at troops in training in the cantonments.

Emergency Planning. While nurses in key civilian positions were working on ways and means for increasing the Nation's resources, several factors hampered Miss Thompson in her planning to meet the swiftly rising demands for nurses. Many nurses were reluctant to sign for "services where needed," lest they be denied the privilege of overseas service. A more serious complication was due to the expansive program of the War Council of the ARC which provided both military and civilian aid in Europe, especially in France. The ARC base hospitals were operated by the Army, which supplemented them with base hospitals organized by The Surgeon General's Office. Nurses were assigned to duty in base hospitals, evacuation and mobile hospitals, and to surgical teams. They were also assigned to hospital trains and to transports which returned patients to state-side hospitals. But the ARC also set up, operated, and staffed its own hospitals. (The nursing situation was made more difficult by rising demands for public health nurses at home and for the ARC services overseas.) Yet nurses who remained under the jurisdiction of the Red Cross were dismayed, if not actually resentful, when they discovered that they were not eligible for the war risk insurance provided for all military personnel. This complex nursing situation overseas provided opportunity for

the meteoric rise of energetic and self-reliant Julia C. Stimson, who was destined to become Superintendent of the ANC. She was appointed, without loss of military status, to direct all Red Cross nursing in France and later became Chief Nurse for the AEF.

The Army School of Nursing. In the meantime, the outstanding nurses on the Committee on Nursing of the General Medical Board of the Council of National Defense were working zealously toward the expansion and more effective use of the Nation's nursing resources. The Committee secured permission from the War Department for brilliantly dynamic Annie W. Goodrich—widely and favorably known as a nurse educator and administrator—to make a survey of nursing in Army hospitals in the United States. Completing the survey in record time, she proposed that an Army School of Nursing be established in The Surgeon General's office to relieve the increasingly serious shortage of nurses by adding to military nursing resources. While her plan was under consideration by the Secretary of War, it was presented to an excited audience of nurses in attendance at the annual meeting of the National Nurses Organizations. Ignoring a previously endorsed ARC plan for the preparation of nurses aides, this professional group voted approval of the school plan.

When the Secretary of War, somewhat reluctantly, authorized the establishment of the Army School of Nursing in the spring of 1918, the great Allied Offensive had not yet begun. To Miss Thompson and Miss Delano, wisely and anxiously anticipating sharply increased demands for nurses, the decision was extremely disconcerting. They had looked forward to launching a program for the recruitment and preparation of aides who could quickly augment the services of nurses. However, instead of recruiting aides the ARC promptly put on the most intensive nurse procurement program of that

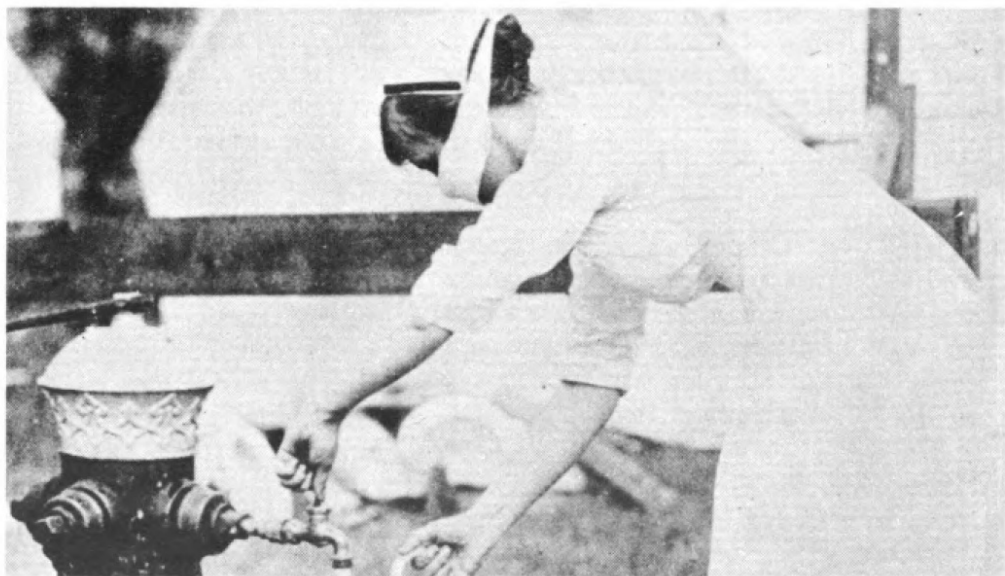
War. The figure of a white-clad Red Cross nurse wearing the dramatic scarlet-lined blue cape was used so extensively in publicity that the Red Cross nurse seemed to overshadow both the ANC for which it was specifically recruiting and the great army of volunteer Red Cross workers. This overemphasis had unfortunate repercussions in the ANC and among the volunteers, but nurses responded magnificently. Although Chief Nurses at home and overseas continued to report deficiencies, there were always nurses under the jurisdiction of the ANC waiting for transportation at the port of embarkation.

The swift response to publicity announcing the Army School for young women with high school education, or better, was deeply gratifying to Miss Goodrich and those associated with her in the School. Before the end of the year 10,000 applications had been received and had been designated in approximately equal numbers for the Army and for civilian schools in accordance with a proviso made by the Secretary of War. When the Armistice was signed 1,500 students had been

assigned to units of the School which had been set up in 31 cantonment hospitals. Still in the early stages of training, they had contributed relatively little to the care of patients. During the rapid demobilization and closing of cantonments, units of the School were consolidated. Many students resigned to marry, to resume previous occupations, or for other reasons. However, 507 nurses, the largest class in the history of nursing, were graduated in two groups with impressive ceremonies at the Walter Reed and Letterman Schools in 1921.

With few exceptions the original administrative staff and faculty of the School were civilian nurses on leave of absence; as contract nurses they were not members of the Corps. When the unit at Letterman was discontinued, more than 2 years later, the unit at Walter Reed had become wholly "Army."

Patient Care. Mustard gas produced more casualties in the AEF than all other weapons. Respiratory conditions caused 82 percent of all deaths in World War I. Shock hemorrhage, infected wounds, and the care of gassed patients



NURSE AT SPECIAL CAMP SET UP AT CORREY HILL HOSPITAL, BROOKLINE, MASS., TO COMBAT INFLUENZA.

challenged the powers of observation and the technical skills of nurses who received the coveted assignments to foreign service. For the first time nurse anesthetists were given opportunity to demonstrate their usefulness in military situations. Invariably more nurses than were needed responded to calls for volunteers for service with mobile units near the battle lines. From the front to the base hospitals, when a drive was on, nurses in all types of installations worked to the point of exhaustion. Those on hospital trains helped to speed patients on their way to base hospitals or to transports which would return those requiring long-term care to hospitals in the States.

Nurses were grateful to the musicians and theatrical folk who brought entertainment and relaxation to the patients and to them. On leave, when other accommodations were hard to find they had reason to be grateful to the Red Cross for the rest houses it provided. Many nurses received awards from other nations and from our own Government.

The "Spirit of Nursing" Monument.
The death of Miss Delano in France

after the Armistice provided an opportunity for an outpouring of the emotions characteristic of World War I. Sums of money sent by nurses still in France became the nucleus of a fund which, some years later, made possible the beautiful "Spirit of Nursing" monument in Washington which memorializes "Jane A. Delano and 296 nurses who lost their lives in the War, 1914-1918." Many of them had been victims of the influenza pandemic.

When the United States entered the War against Germany the Superintendent of the ANC, Miss Thompson, had just one clerical worker to assist her. Nurses were on duty in 17 States and in the Philippines and Hawaii. When the War ended Miss Thompson's staff numbered just under 100 and included 2 Chief Nurses and 19 nurses. On Armistice Day more than 21,000 nurses were in service in the United States, Great Britain, France, Belgium, Italy, and in the permanent installations in the Pacific. Having expanded enormously to meet the demands of war, the ANC accorion was now due for deflation.



"SPIRIT OF NURSING" MONUMENT, ARLINGTON NATIONAL CEMETERY.

CHAPTER IV

THE ARMY NURSE CORPS BETWEEN TWO WARS 1918-1940

A brief period of almost hysterical elation, triggered by the Armistice in November 1918, was followed by general disillusionment. This in turn was followed by a period of rapid social change, especially in the field of public health which had a marked influence on all nursing. Within 2 months of Armistice Day 3,000 nurses were released; demobilization of troops and nurses was completed within the year. Miss Thompson had courageously borne the mounting pressure for more and more nurses, and when demobilization was well under way, she requested relief. After a long rest, she was reassigned as an assistant superintendent. In accepting what was, technically, a demotion, this modestly self-effacing nurse once again demonstrated her devotion to the Corps and those whom it served. She rounded out her active service with the Army as Chief Nurse at Letterman General Hospital, in which position she continued to inspire nurses under her command with the spirit of the Corps while unselfconsciously winning their devotion. Miss Goodrich, whose patriotism had overcome her pacifism, resigned to return to her teaching and administrative positions. She was subsequently awarded the Distinguished Service Medal for her initiative and leadership in establishing the Army School of Nursing.

Julia C. Stimson had already been appointed Dean of the Army School of Nursing when she succeeded Miss Thompson as Superintendent of the Corps. A member of a family well known in several professions (Secretary of War Stimson was a cousin), Miss Stimson was a graduate of Vassar and of the New York Hospital School of

Nursing. Coming into office in peacetime, she enthusiastically devoted much of her energy to securing previously projected improvements in the status of the Army Nurse Corps and to the development of rapport with the nursing profession. With an intense pride in the Corps and its history which was based on intimate knowledge of the work of nurses in France and her study of War Department records, she missed no opportunity to bring the Corps and its achievements to the attention of the nursing profession and the public.

Miss Stimson had been in complete sympathy with the concern of the organized profession to secure rank for military nurses and rejoiced when a 4-year effort was rewarded by a provision for relative rank for nurses in the Army Reorganization Act of 1920. She proudly became the first American woman to wear the insignia of a major on the shoulders of her uniform. Not all members of the Corps had been sympathetic with this effort; as the only women in the military organization they had felt that they were already occupying a unique and respected position. They were not interested in the use of military titles. The withdrawal of that privilege from chaplains and nurses (1925) went unnoticed even by Major Stimson. Administratively, the new status resulted in improved relationships within the Medical Department for it gave the Superintendent of the Corps an opportunity to attend conferences in the Office of The Army Surgeon General which had not been open to her predecessors.

Improvements in ANC—1919-1930. In the interval between the Wars a number of dormitories for nurses comparable to the best then being erected by civilian institutions, were built by the Army. Noteworthy among them is handsome Delano Hall at Walter Reed Hospital. There in the spacious lounge the portraits of the Chiefs of the Corps bear continuous evidence of its honor-

able and historic service. In these residences Chief Nurses, who thought of themselves as hostesses, encouraged gracious (although circumscribed) living. The decade of the twenties was marked by successive improvements in pay and allowance schedules. It was in this period that retirement privileges, first advocated by Miss Thompson and repeatedly presented for consideration, were secured. It was estimated that nurses in civilian life would have to save an average of \$1,000 a year invested at 5 percent to obtain an annual income equal to the retirement income of a second lieutenant. Economic security was becoming an increasingly important factor in American life; retirement income and the assurance of excellent medical care to the end of life, plus the privilege of burial in the

nurses' plot in hallowed Arlington, have been strong points in favor of Army nursing as a career.

The ANC—1930-1940. As an economy measure The Surgeon General suspended the Army School of Nursing in 1931, the last class graduating 2 years later. Many of the 940 graduates have achieved distinction in civilian and military nursing. Of the 269 who became members of the ANC, only 42 were on active duty in 1940, but among them were two who were destined to reach the pinnacle of military nursing as Chiefs of the ANC. At the time the School was suspended civilian schools were graduating a plethora of nurses. Although greatly disconcerted at the time by this action, Major Stimson (then retired and president of the American Nurses Association) was not



MAJ. JULIA C. STIMSON, SUPERINTENDENT OF ARMY NURSE CORPS (1919-1937).

an advocate of reopening the School when the threat of war again gave the requirements of the ANC top priority in relation to the Nation's nursing resources. It must be remembered, however, that the Army provided a superb demonstration of the organization and functioning of a good school of nursing at a time when such a demonstration was sorely needed. The military and civilian achievements of graduates of the School have fully justified that historic experiment.

During the Great Depression the economic security provided to members of the ANC made the Corps especially attractive but, because of changes in policy in regard to the hospitalization of Veterans Administration patients, a large number of Reserve nurses was relieved from active duty. There were so few retirements or resignations from the Regular Corps that few spaces were available for alumnae of the Army School or other nurses.

The public health movement gained rapid momentum in the period between the Wars, partly because the draft boards had found a shockingly high percentage of men physically and mentally unfit for military service. In the early postwar period pressure for public health nurses forced the profession to give consideration to methods of improving nursing education. Scholarships, chiefly those made available by the Red Cross, increased the enrollment of nurses at universities offering post-graduate programs for nurses. It is noteworthy, therefore, that along with relative rank, opportunities were provided for members of the ANC to take these courses on "detached duty," i. e., on full pay and allowances. So many ambitious members of the Corps—more than 10 percent of them in 1 year—requested this privilege that funds were not available for all. Most of the assignments were for short periods, such as summer courses at universities. Nurses were encouraged to take courses in

anesthesia, and at this point we find the beginning of the ANC's special concern with psychiatric nursing. A few specialists in this field, most of them recruited by the National Mental Hygiene Committee, had been assigned for war service at an Army base hospital in France and had there demonstrated their usefulness. Members of the Corps were therefore encouraged to take the post-graduate program offered by the Government's St. Elizabeths Hospital in Washington. The few nurses who were privileged to complete an academic program returned to positions in or related to the Army School, thus helping to maintain the high standards on which it had been established.

Military posts, large or small, rural or urban, in the United States or abroad, have so many characteristics in common that change of station is easily effected. The Flag which flies over each of them is the glorious symbol of the purposes and privileges which all military personnel share. Chapels serving Protestants, Catholics and Jews are readily available. PX's, the Army's unique and economical type of general store, are found on all posts. Motion pictures are always available. The Army recognizes the importance of recreation and encourages participation in a variety of recreational facilities such as swimming, golf, horse-back riding. At all Army posts nurses can enjoy membership in the officers' clubs which provide a focal point for social life.

Life and service in the Army were very pleasant when Julia O. Flikke, a modest Chief Nurse, succeeded Major Stimson as Superintendent of the Corps (1937). The mood of the Country, which was pulling itself out of the depression, was crystallized by Congress in the Neutrality Act. There was nothing to warn Major Flikke that the Corps would soon be in the spotlight of nursing history. The list of nurses who had hopefully applied for admission during the depression was melting away under

the sun of expanding opportunities, but, with the Corps at maximum strength, this did not cause anxiety. Patients, military personnel of all ranks and their dependents, were receiving nursing care under the long-established system in which nurses worked under the direction of ward surgeons. Ward masters, who were responsible to the ward surgeons for the maintenance of the wards, were also responsible for the supervision of the enlisted personnel who relieved nurses of many details. Despite the diversity of preparation provided by nursing schools, the Nursing Service was based on the assumption that all Registered Nurses were competent to take care of all types of patients except in the field of psychiatry. There was no organized educational program, nor were nurse supervisors functioning under the Chief Nurses.

Major Flikke, graduate of the Augustana School of Nursing in Chicago, had studied at Teachers College, Columbia University, before going to France during World War I. Later, as Chief Nurse at Walter Reed, she had collaborated with Major Stimson in the integration of the Army School with the Nursing Service. But during Major Stimson's long peacetime tenure there had been little opportunity for the development of leadership in the Corps. Potential Chief Nurses, in preparation for the examination then required for promotion, were given some opportunity to work with experienced Chief Nurses.

The Shadow of War. "The grim logic of events," says a social historian, "rather than ardor, drew the Nation closer to war." The first faint foreshadowing of impending problems occurred about a year after Major Flikke's appointment. The authorized strength of the Corps was increased from 600 to 675 and, for the first time (1938) nurses were assigned to the Army Air Corps. The outbreak of war in Europe the following year set in motion a national preparedness program which cul-

minated in the Selective Service Act. The Corps began an expansion program which was to carry it, despite painful conflicts with civilian institutions, to a peak strength of 57,000 members. That phenomenal development called for nurses with experience and administrative ability at a time when civilian institutions were convinced that they could not release such nurses. The grave shortage of nurses qualified for administrative positions was to have a profound influence on educational programs of both military and civilian nurses after the War.

Recruitment of Army Nurses. In top level professional planning the procurement and assignment of nurses for essential civilian and military services began to receive emphasis at an early date. In accordance with long-established tradition, a conference of officials of the ARC with The Surgeon General and Major Flikke was a logical first step in relation to the national preparedness program. The Army's decentralization program, developed between the Wars, placed responsibility for the procurement of nurses under the commanders of the new Army Corps Areas. At that meeting it was agreed that the 15,000 nurses enrolled in the ARC's first Reserve, whose cards had been sent to the commanders of the Army Corps Areas, seemed to provide adequately for immediately foreseeable needs. Neither agency realized that nurses who had been enrolled for some years might have attained positions from which they could not easily be released for the 1-year period of service then being requested. Nor, in military circles, was it generally understood that the ARC Nursing Service was less influential than it had been during World War I. This change had come about through the increasing influence of the national nursing organizations, the rapid rise of the public health movement, and changes in the Red Cross itself.

A quasi-governmental agency, the



COL. JULIA O. FLIKKE, SUPERINTENDENT OF ARMY NURSE CORPS (1937-1943).

Red Cross had become a vast and popular agency through the local chapters which had no part in the procurement of nurses. The enrollment committees of the Nursing Service had been established in connection with the State nursing associations, because the chapters

were then weak and were still functioning apart from the mainstream of Red Cross activities. To this complicated mechanism for increasing enrollment of nurses for military (and Red Cross) services, the ARC turned for constantly increasing numbers of reserve nurses.

CHAPTER V

THE ARMY NURSE CORPS IN GLOBAL WAR

Coordinated Planning. As it happened, the national nursing organizations were assembled in convention when the lowlands of Western Europe were invaded by the German armies. At this psychological moment, nurses heard President Roosevelt's message on preparedness. Telegrams were dispatched to the President pledging full support in case of need, but fear of "warmongering" inhibited further action. A few weeks later the president of the ANA (Major Stimson) called a meeting of representative nurses which organized the National Nursing Council. The function of this new agency was to correlate nursing programs and plan for the expansion and effective use of the Nation's nursing resources. From the first the Council accepted and worked with ARC as the recruiting agency for military nursing. However, the unprecedented numbers of nurses which were required at an early date to protect the health of workers vital to the national defense upset all calculations. Group hospitalization programs, initiated during the depression, were growing with incredible speed and utilization of civilian hospitals mounted to almost fantastic heights before the War was over. Their very obvious needs created a serious psychological block to procurement for the less well understood needs of the military services. When, under the Selective Service Act, the first 1,500,000 men were on their way to the training camps, the ARC, by agreement with the Army, had already used extensive publicity to step up its enrollment program to meet the anticipated needs of the cantonment hospitals.

Hawaii—December 7, 1941. The

first really impressive increase in enrollment for military service followed the bombing of Pearl Harbor and the declaration of war. Military requirements for nurses increased by thousands. Leaders in medical schools and hospitals had already been encouraged to organize affiliated units, similar to those of World War I, for integration in the medical service. Well aware of the fine traditions established by graduates of their schools in World War I, many nurses promptly joined the ranks of the new units for service overseas. Many of them were planned to staff general hospitals; smaller units were organized to function as mobile hospitals. By the autumn of 1942 more than 80 affiliated units had been organized; some of them were already established in Great Britain, Australia, and New Zealand. Nurses in such units had the advantage of knowing the methods of the doctors with whom they worked. In these, as in all other units, nurses had pride in participating in the teamwork which was a factor in reducing the death rate far below that of previous wars. Even under extremely adverse conditions the personnel of these affiliated units developed a strong sense of professional unity.

The perfidious attack on Pearl Harbor put the Army nurses on duty at Army hospitals in Hawaii to the supreme test. They and on-the-spot Navy nurses responded so magnificently that the profession promptly gained a place of honor in national esteem. The Army Chief Nurse at Hickam Field was cited for "Outstanding performance of duty and meritorious acts of extraordinary fidelity." She was the first of many nurses to receive the Purple Heart. When the Philippines were attacked, nurses cared for and did their best to sustain the spirit of patients imprisoned in Corregidor's rock-bound hospital. They helped to improvise wards and nursed sick and wounded men in the jungle hospitals of Bataan. Because of

them and others like them the authors of the Army Nurses' Pledge (written months later) could confidently include the sentence, "I shall appear fearless in the presence of danger and shall quiet the fears of others to the best of my ability." They learned, as did nurses on every front, that above all else maimed or blinded men feared the reactions of mother, wife, or sweetheart to evidences of the handicaps with which they would have to learn to live. They understood the special quality of the soldier sense of humor. Appreciating the healing power of laughter, they encouraged it even in the most unlikely situations. They learned stoicism from men who said, in one form or another, "Take my buddy first, he is hurt worse than me."

Enrollment for military service spurted upward and 600 nurses were inducted each month from February to July following the attack at Pearl Harbor. Among those who responded were Negro nurses who, in due course, were assigned for service with Negro troops—a restriction which was withdrawn after the War. Major Stimson was returned to active status for 6 months, during which time she addressed audiences from coast to coast. The ANC had always reserved the right to accept qualified nurses who applied directly to the Corps. The Surgeon General now requested the ARC to assume full responsibility for procurement. It promptly set up recruiting stations in the larger chapters throughout the Country. By this act the ARC Nursing Service served its traditional relationship with the ANA but membership in the ARC is still recognized by the ANC as the hallmark of a professionally minded nurse.

Rank for Nurses. Army nurses no longer had the distinction of being the only women in the Army. Nurses who had previously taken a negative attitude toward rank were roused to its importance when the year-old Women's Army

Auxiliary Corps was integrated into the Army in 1943 as the Women's Army Corps (WAC) with permanently commissioned officers. The highly efficient legislative machinery of the ANA had already swung into action in support of an act which provided relative rank for military nurses for the duration of the War and 6 months thereafter, and gave the Chief of the Corps the relative rank of colonel in the Army of the United States. The income of nurses was improved by provision for pay and allowances equal to those of commissioned officers (without dependents) of comparable rank.

The use of military titles was restored and for the first time the salute was authorized. General George C. Marshall, then Chief of Staff, wrote "The use of military titles is a privilege. In a few instances the title may be of assistance in dealing with the enlisted men around the hospitals. However, the use of military titles, in addition to being a privilege, carries with it grave responsibilities." The following year the ANA helped to secure congressional action which gave military nurses commissioned rank for the duration of the War and 6 months thereafter.

By the end of 1942 there were almost as many nurses in the ANC as had been assigned during World War I. As rapidly as possible they were being deployed to stations in Hawaii, Alaska, Iceland, Trinidad, Ireland, Newfoundland, Panama, Australia, New Caledonia, England, Fiji Islands, Tonga Islands, New Zealand, British Columbia, New Guinea, Egypt, South Africa, and the New Hebrides. When calendars were turned from 1942 to 1943, reports of the Coral Sea, other massive engagements in the Pacific, and the invasion of North Africa had given the American people some conception of the meaning of global war. The accounts of nurses wading ashore under fire in North Africa stimulated the enrollment of nurses just as the news of Pearl Harbor



COL. FLORENCE A. BLANCHFIELD, CHIEF, ARMY NURSE CORPS (1943-1947).

had done. When the President instructed the Bureau of the Budget to provide for a total military strength of 7,500,000 men, the strength of ANC was over 21,000. It was expected to achieve a strength of 50,000 within the year. At this crucial point Colonel Flikke was under medical survey for retirement.

The Crucial Years. Col. Florence A. Blanchfield, who had been Colonel Flikke's assistant, was appointed Chief of the Corps on July 1, 1943. A graduate of the South Side Hospital School of Nursing in Pittsburgh, Colonel Blanchfield had served in France during World War I. Her civilian experience in the fields of surgical nursing and

hospital administration gave her an excellent foundation for military nursing. Following her re-admission to the Corps in 1920 she served at a variety of installations in the United States and overseas in China, Hawaii, and the Philippines. Familiar with military methods and regulations, she had also kept in touch with developments in professional nursing. Gifted with vision and practical knowledge of the situation, Colonel Blanchfield moved into the pivotal wartime position in American nursing with remarkable poise. Long an advocate of the ANC-ARC relationship, she gave the procurement program undeviating support. Her prompt analysis of the dismayingly high attrition rate revealed the causes to be physical disabilities, unsuitability for military service, and the marriage rate, the latter being numerically by far the most important. Removal of the ban on marriage was one of several constructive steps which helped to stabilize the Corps in that crucial year.

In the vast Pacific Theater of Operations, where they were sometimes the first white women native people had ever seen, and later in all the theaters, nurses adapted to hospital life in tents, prefabricated Nissen huts, or permanent buildings which had been planned for other and often very different purposes. Setting up an operating room in what had been a barroom was no more fantastic than many another adaptation. Getting under mosquito nets as the sun went down became normal routine in some parts of the Pacific until DDT became available. Owing to difficulties in long-distance transportation, equipment and supplies were not always promptly available. Tin containers and packing boxes lent themselves to many an ingenious improvisation for use in hospital wards or nurses' quarters. "Tin hats" (steel helmets) doubled as basins for sponge baths or substituted for laundry tubs. The homemaking instincts of nurses functioned under any

and all conditions; in suitable climates flowers planted around tented or other quarters gave distinction to "nurse areas."

Obstacles in Nurse Recruitment. In the first 2 years after war was declared many nurses were exasperated by long periods of waiting for transportation or for assignment to active duty after they reached foreign soil. Naturally they knew nothing of logistics or the strategy that underlay what was irreverently called the Army's "hurry up and wait" policy. Letters home, reporting restless inaction, had an unfortunate effect on recruitment. Not until after the successful invasion of North Africa by Allied forces could the world be told of the months of planning required to have every one of the complex elements, human and materiel, in that vast invading force in place and synchronized with all the others at the appointed time. Few other nurses had quite such extended or fundamentally satisfying experiences as those who jumped from landing barges to wade ashore on North African beaches. They set to work at once in a hospital created out of tents and abandoned French barracks. Those who were assigned to mobile field units moved forward and back and forward again with the tide of battle. They swiftly became efficient in packing, setting up, and repacking supplies and equipment. Post-operative wards, thickly hung with transfusion sets and drainage equipment, bore little resemblance to those of World War I when blood therapy was in its infancy. Dreadful burns were one of the concomitants of tank warfare. Burned patients, like those with sucking wounds of the chest and other major injuries, needed the highest type of technical and psychological nursing skills.

As in all wars, the fact that women were enduring the rigors of war in order to give them care had a wholesome influence on the morale of sick and wounded men. The men often ex-

pressed their gratitude in the service newspapers published on the various fronts. Of these expressions a nurse wrote: "The G. I.'s say we rough it. We, in our little tent, can't see it. True, we are set up in tents, sleep on cots, and are subject to the temperament of the weather. We wade ankle-deep in mud, but **you** have to lie in it. . . . Sure, we rough it, but, compared to the way

you men are taking it, we can't complain, nor do we feel bouquets are due. But you, the men behind the guns, the men driving our tanks, flying our planes, sailing our ships, building our bridges, and the men who pave the way and the men who are left behind—it is to you we doff our helmets. . . ."

Basic Military Orientation. In the earlier months of the War nurses had



BATTLE CASUALTY BEING ATTENDED BY AN ARMY NURSE, WORLD WAR II.



BASIC TRAINING IN ARMY NURSE CORPS, WORLD WAR II.

necessarily been sent overseas without special preparation for military service. Such training was subsequently given them at staging areas in Great Britain and the South Pacific. Late in 1943 4-week basic-training programs were set up in each of the Army's Service Commands. Emphasis was placed on physical fitness through drill; on sanitation; and on self-protection during chemical, air, parachute, or mechanized attack. The use of gas masks was realistically taught in gas chambers; they learned how to dig foxholes quickly. Special instruction was given in the care of mental patients and of chemical casualties.

Following the Allied victory in North Africa, troops and medical personnel moved on to Italy. Nurses who landed under fire on the beach at Salerno in

mid-September were the first members of the ANC to arrive in continental Europe since World War I. They wore "tin hats" and fatigue uniforms with long trousers and, like regular soldiers, they dug their foxholes. They lived in tents in mountainous country and endured the rigors of an extremely wet and cold winter with fortitude. Frostbite became an added hazard. During air raids, while caring for wounded men, they seemed to ignore the possible danger to themselves but became expert (as did all personnel) at dropping down and diving under beds or other equipment that might be available until a raid was over. With other medical personnel, nurses were so close to the lines, in evacuation and other mobile hospitals, that they cared for patients within a few hours after they were in-

jured. At such points the services of operating-room nurses, nurse anesthetists, and keenly observant and technically skilled surgical nurses were of the utmost importance. Those who had that privilege worked under intense physical and emotional strain, but forever after cherished the memory of participating in the teamwork that had saved lives. Low mortality was due to the speed

with which heroic "medics" brought wounded men into the hospitals, the superb skill of surgeons, the use of blood and blood derivatives and the sulfa drugs (and penicillin, when it became available late in the War) plus the supporting and morale-building service of skilled nurses.

Uniforms. Because of the extraordinary variety of conditions under which



TYPICAL UNIFORMS WORN BY ARMY NURSES IN WORLD WAR II.

nurses worked, uniforms were a problem throughout the War. Even after the authorization of a range of equipment carefully planned to meet extremes of heat or cold, of dust or mud, and all the possible variants of these things, there was still the problem of transportation. The use of slacks when caring for patients in the three-tiered bunks of hospital ships, trains, or planes had been a welcome innovation. But, in especially difficult situations as in the cold and mud of Italy or in the insect-infested islands of the Pacific, nurses almost invariably adapted to their own use the heavy boots and fatigue uniforms of soldiers. Under such conditions they cherished their small stores of cosmetics, for they were well aware that such attention to their personal appearance had a morale-building influence on homesick men. And always, wherever they might be stationed, nurses joined with other officers in finding means of relaxation for themselves and for their patients. The gift for improvisation that helped them to soften the stark simplicity of tent or other quarters was effectively used in devising ways and means for entertaining themselves and others. The personnel of a hospital ship which sailed hurriedly without materials for celebrating Christmas made gay decorations out of strips of toilet paper, carefully dried after soaking in red and green ink which happened to be in good supply. That experience was far from unique—and is merely another demonstration of a national characteristic.

The United States Cadet Nurse Corps. In order to release nurses for military service a variety of methods was developed to increase the nurse power of the Nation. With limited Federal aid, the enrollment of students in schools for nursing had been considerably increased between 1940 and 1943. The National Nursing Council, however, was warned by officers of the U. S. Public Health Service and the

Office of Civil Defense that further steps should be taken. The Council, a voluntary planning agency, now perceived that the fundamental problem of increasing nursing resources lay outside the scope of voluntary agencies. It moved to secure Federal aid (a) for the preparation of greatly increased numbers of student nurses, and (b) for the procurement and assignment of graduate nurses in accordance with military and civilian needs. To this end it approved legislation which was actively supported by the ANA and brought the U. S. Cadet Nurse Corps into existence July 1, 1943. It became an active participant in the Cadet recruitment program, which, with the assistance of various agencies, became the most successful of all such wartime efforts. The increased student enrollment enabled civilian institutions to release graduate nurses for military service. Also, by prearrangement, more than 6,000 senior Cadets completed their training under the supervision of Army nurses. The "pull" of the civilian hospitals which operated in most of the schools was, however, so strong that Cadets manifested less interest in military nursing than had been anticipated.

Classification—"Essential" or "Available." When the nursing division of the Procurement and Assignment Division of the War Manpower Commission was set up in 1943, the new agency proceeded to classify nurses on the basis of their essentiality to the basic structure of American nursing and their availability for military service. Classification as "essential" gave mental comfort to nurses in key civilian positions. But classification as "available" added further complications to the already complex procurement mechanism of the ARC since, unsupported by the legal power of Selective Service, the Procurement and Assignment Service had no real authority. While the new phase of the program was being developed, The

Surgeon General authorized the use in Army hospitals of civilian nurses who were not eligible for the ANC, of voluntary ARC-OCD aides, and of paid aides. The WAC medical and surgical technicians also made some contribution to patient care. The ARC continued to be the best source of nurses for the ANC.

The successful invasion of Normandy was followed by a wave of national optimism. Pearl Harbor and the North African campaign had stimulated enrollment, but it lagged during 1944. A fluctuation in the ANC's published requirements created serious difficulties in both the ARC and ANC. The Surgeon General had already begun to take drastic steps to procure more nurses when the "Battle of the Bulge" (the great German counteroffensive) got under way, while on the other side of the world the Leyte and other battles were beginning to free the Philippines. One of the many touchingly dramatic pictures of nurses in action in that period was that of a mobile unit caring for patients below the undamaged high altar of a 200-year-old cathedral which had been bombed.

The Proposal to Draft Nurses. Many nurses had been bewildered by the conflicting demands for their services. The blinded, the "cord cases," the amputees, and other patients requiring special care were being sent as rapidly as possible to the hospitals nearest their homes which were equipped to give the special care required. The need for nurses was shifting rapidly from overseas to Stateside hospitals. Civilian needs were obvious. Military needs were often misinterpreted. Like clouds before a high wind, confusions and misunderstandings were swept away by one clear voice—that of the President of the United States. "Since volunteering has not produced the number of nurses required," he told Congress in his Annual Message of 1945, "I urge that the Selective Service Act be amended

to provide for the induction of nurses in the Armed Forces." Bills to implement that request were promptly introduced in both Houses of Congress. Hearings over an extended period were held by both the House and Senate military affairs committees, but no action was taken. On the President's assurance that they were needed, nurses flocked to the ARC recruiting stations. In the first 5 months of 1945, the ARC certified 20,000 nurses to the Military Services.

V-E Day. Victory in Europe on May 7, 1945, brought both wild rejoicing and restless anxieties to nurses in Europe. Many of them had been in situations requiring the utmost ingenuity, physical fortitude, zeal, and consecration to duty. They were now understandably "let down." Some of them anticipated receiving orders for service in the Pacific. Those longest in service hoped for early release. They had been unable to keep up to date on civilian developments and were apprehensive of the future. An ANA-ARC study indicated that surprisingly few had formulated plans for resumption of civilian nursing activities. As military installations and hospitals were closed, the nurses joined those of other units at staging areas in Great Britain and France. The time required for physical examinations, completion of records, and the procurement of transportation made them impatient. A few nurses took advantage of the short-term educational programs which were planned for them at the Medical School Center in France and the 2-week courses in French, history, literature, and art offered at the Sorbonne. A few observation trips to visit hospitals and clinics were arranged with governmental agencies in Sweden and Switzerland. But still they chafed at the inevitable delays in redeployment. Intensely proud though they were of their "outfits" most of them wanted only to close this significant chapter in their lives.

V-J Day. The heroic battles of Iwo Jima and Okinawa and the dropping of atomic bombs on Hiroshima and Nagasaki shortened the anticipated interval between V-E Day and V-J Day. Nurses aboard hospital ships in sight of the mighty *Missouri* on V-J Day can never forget the unearthly silence of crowded Tokyo Bay as they and the world waited for news of the ceremony that ended the War.

Continuing Oversea Service. Since World War II, nursing in the European and Far East Commands has been continued on lines similar to those of the Army Area Commands in the United States. Each Command has a Chief Nurse, who acts as advisor on nursing to the Army Surgeon, and has a consultative relationship to the Chief Nurses of units—large or small—in the area. In a large hospital in Germany where the service of Army nurses was supplemented by that of native nuns, the Chief Nurse will not soon be forgotten. She suggested during the Marian Year that, in appreciation of the work of the Sisters, two of them be sent to Rome. The ever-generous soldier patients were not content until their contributions has made it possible for every one of the 40 Sisters to make the pilgrimage.

Following the War a considerable number of qualified Public Health nurses were assigned to the Public Health Division of the U. S. Military Government in Germany and Japan. Efforts were concentrated on opening schools of nursing in the occupied areas and on the development of a public health nursing service. The latter was chiefly concerned with the prevention of communicable disease in the military zones.

Leaders of Japanese nursing, working with Army nurses assigned to the Public Health Division of the Military Government in that country, organized a council on nursing education. It succeeded in establishing standards of nursing education for nurses and midwives.

Refresher courses for Japanese nurses were developed under the supervision of an Army nurse.

Army Nurses as Internationalists. More recently the versatility of Army nurses has been tested by interesting assignments in connection with the programs of military aid made available in other countries. As members of the Military Advisory Assistance Group (MAAG) they have had most interesting and constructive assignments. MAAG services in which nurses participated have already been discontinued in Brazil and Greece, but nurses assigned to those countries were enthusiastic about the cordiality and receptiveness of the nurses with whom they worked. Members of the ANC found that nurses who had served with the Mobile Army Surgical Hospitals in Korea could do effective work in setting up an evacuation hospital for the care of earthquake victims. In the MAAG programs emphasis is placed on strengthening the organization and improving the service of the Army Nurse Corps. Members of the ANC are still with the groups in Turkey, Iran, Viet Nam, and Taiwan. Through cooperative planning with other agencies they have found that scholarships, usually for study in the United States, can be procured for carefully selected, potential leaders.

From the beginning, nurses assigned to Taiwan have been enthusiastic about their experience. They care for the health of the personnel of the American Embassy and of Army, Navy, and Air Force members of MAAG. They have been warmly welcomed by the nurses of Free China and Taiwan and promptly found themselves in the position of nurse-teacher-advisor and good-will ambassador. Here, as in other countries, while helping to build up an Army Nurse Corps, they have been called on for advice in matters relating to the basic education of nurses and the administration of nursing services. They

have shared their specialized knowledge of anesthesia, operating-room administration and techniques and other special services as they assisted indigenous nurses to develop good military nursing practices. These nurses enjoyed being quartered in a typical local residence staffed with Taiwanese servants who "lived in." The arrangement proved to be an important factor in acquiring an understanding of local customs, an essential factor in developing good interpersonal relationships. Here, as elsewhere, uniformed members of the ANC enjoyed an entree to a wide variety of social and professional activities. Nurses who have been assigned to MAAG

services have a deep sense of satisfaction in participating in a worldwide movement to overcome divisive forces.

Acceptance of responsibility for professional leadership is becoming increasingly a characteristic of Army nurses. The quality was demonstrated in striking fashion by a member of the Corps who persuaded American nurses in the Canal Zone to form a professional organization. American nurses have been stationed in the Zone since the early part of the century and provided the energy and inspiration which created the new Isthmian Association, youngest unit of the 61-year-old American Nurses Association.

CHAPTER VI

POSTWAR ADJUSTMENTS AND THE KOREAN CONFLICT

A period of confusion, by no means confined to nursing, followed the abrupt snapping of the powerful mainspring of the national war effort. After V-E Day public opinion began a clamor for early release of military personnel that reached a raucous crescendo soon after the ceremony in Tokyo Bay. Demobilization was speeded up at an almost precipitous rate. The ANC accordion, under powerful pressure earlier in the year to procure more and yet more nurses, was abruptly required to reverse the process.

Nurses were released on the basis of a carefully worked out system. Married nurses and those who had been longest in service—some had been in the South Pacific for more than 4 years caring for the casualties of Buna, New Guinea, Hollandia, and Leyte—were among the first to be separated from the Service. Hospitals in the Zone of the Interior (i. e., in the United States) had been liberally staffed by the influx of nurses which followed President Roosevelt's recommendation that nurses be drafted. Early return of nurses from the European theater added to an existing housing problem. By the end of that climactic year 27,000 nurses had been released. Army hospitals were filled with patients, many of them requiring the most expert care, but separations were continued at such a rate that by the following June the Corps (with over 11,000 nurses) was below authorized strength. Plans were set in motion for the recall of 1,000 ex-Service nurses. No difficulty was anticipated as many nurses had been reluctant to leave the Army. However, civilian institutions were almost beseeching nurses to return to prewar posts or to accept positions created dur-

ing their absence. Also, many nurses were planning to take advantage of the excellent educational opportunities made available to them by the GI Bill of Rights.

An enormously increased demand for nursing service was not immediately recognized as one of the social phenomena of the restless era which was to be dominated by the "Cold War." Frustrated in their efforts to reestablish nursing services on a prewar basis, the nursing profession and all nursing agencies, civilian and military, began to see that the situation called for fundamental changes in educational theory and in administrative practice. The profession began "a shift in focus from training procedures to the development of a high degree of skill in problem solving through the application of science to nursing practice." It became apparent that only through preparation for, and the integration of, various levels of competency could the required quality and quantity of nursing service be provided. Due to the vision and leadership of the administrative officers of the ANC, this shift in focus is today clearly apparent in the Army nursing service.

During the War the ANC had been increasingly aware that, generally speaking, nurses had not been adequately prepared for military service, nor had the ANC been prepared to integrate large numbers of available nurses into the Military Service. The basic orientation course inaugurated during the War had been an important step in the right direction. It was continued and expanded from 4 to 6 weeks in the postwar period. At that time, too, courses in anaesthesiology were organized at selected Army hospitals which more than met the requirements for certification by the American Association of Nurse Anaesthetists. The early postwar appointment of a member of the Corps to serve as consultant on nursing education in the office of The Surgeon

General was an important step toward the development of the comprehensive educational program. This program is now adding impressively to the usefulness of the Corps and making military nursing a most attractive career.

The Army-Navy Nurses Act. The enactment of the Army-Navy Nurses Act in 1947, which made the ANC a permanently commissioned Corps, is one of the historic highlights in this crucial period in the evolution of American nursing. In accordance with the provisions of the Act, the ANC now consists of two elements—the Army Nurse Corps, Regular Army; and the Army Nurse Corps Section of the Officers Reserve Corps. At present approximately one-third of the members of the Corps are Regular Army. These are the career nurse-officers who are dedicated to making military nursing, and its necessary adaptations to changing situations, a constructive life work. The Act provides commissions for both groups in grades from second lieutenant to lieutenant colonel. Nurses usually enter the Reserve as second lieutenants, but when needed those with special qualifications are commissioned in higher grades. The Act limits the term of the Chief (formerly Superintendent) of the Corps to 4 years, during which time she holds the temporary rank of colonel. Col. Florence A. Blanchfield had the honor of receiving the first commission from General of the Army Dwight D. Eisenhower, then Chief of Staff.

Having carried the Corps through the most difficult phase of the postwar transition, Colonel Blanchfield retired shortly after the passage of the historic Act. Col. Mary G. Phillips, then Chief Nurse in the Pacific, was recalled to succeed her. Colonel Phillips, first graduate of the Army School to attain that eminence, is also a graduate of the Division of Nursing Education of Teachers College, Columbia University. The arrangement by which the ARC

had provided a Reserve for the ANC had been discontinued before the passage of the Act. Colonel Phillips' major task, therefore, was conceived to be the building up of the Reserve unit of the Corps, but the calling out of American troops for service under the banner of the United Nations when the Republic of Korea was invaded interfered with that effort and reemphasized the problems created by the increased demand for nurses.

The Act restricted membership in the Corps to qualified female citizens but, by legislative action in 1955, opportunity has been provided for qualified male nurses to serve in the Reserve components of the ANC and Army Medical Specialist Corps of the Armed Forces. They are especially welcome in the fields of anesthesiology (medical, surgical) and psychiatric nursing. The Reserve has two components—Active and Ready. Female members of the Active Reserve are eligible to fill vacancies in the Regular Corps if they qualify. Those who remain in service for 20 years have retirement privileges identical with those of the Regulars. Retirement pay is based on longevity and the rank of the nurse at the time of retirement. For example, at present (1957) rates, either a Regular or a Reserve nurse retiring in the grade of captain, after 20 years of service, would receive a monthly income of \$249.60. Since maintenance—in grade—is provided all military personnel, nurses can accumulate a substantial backlog of savings by the time they retire. In addition, they are assured of the valuable privilege of receiving, at a conveniently located Army hospital, any medical care they may need during the remainder of their lives.

The Ready Reserve. The importance of maintaining a substantial Reserve for the ANC has been apparent throughout its history. The Inactive or Ready Reserve, which in time of stress supplements the Active Reserve, provides an

interesting opportunity for patriotic service and equally rewarding opportunities for professional development for nurses who wish to remain in civilian positions. Nurses in the Ready Reserve are members of Reserve General Hospital Units or Reserve Evacuation Hospital Units which are located throughout the United States, and which were deactivated after World War II and the Korean conflict. They are composed of the medical, nursing, and other personnel required to staff the two types of hospitals. Each has its own Chief Nurse. Alumnae associations have deep pride in the record established by members who served in affiliated units in past wars. These associations could render a valuable service by encouraging their younger members to join the Ready Reserve of the ANC

just as they encouraged former generations to enroll in the ARC nursing service.

Members of the Ready Reserve units keep up to date on military and related professional developments by means of well-planned weekly 2-hour meetings. Uniforms are worn and a distinctive military atmosphere maintained. Annually, such units spend 2 weeks in active-duty training at military installations. Nurses commissioned in the Ready Reserve are paid for time spent at the weekly meetings and the summer camps on a scale based on grade and length of service. A generous initial allowance for uniforms is provided. Credit points are granted on the basis of active participation in this program in which provision is made for promotion and for retirement at the end of



COL. MARY G. PHILLIPS, CHIEF, ARMY NURSE CORPS (1947-1951).

20 years of satisfactory service. Ready Reserve nurses may apply for the privilege of attending the excellent institutes provided for nurses in active service on such important subjects as military operating-room nursing, nursing administration, care of mass casualties, and others. Registered professional nurses, male and female, who are physically and professionally qualified and whose schools of nursing are acceptable to The Surgeon General of the Army are eligible. Both male and female nurses (including those who are married) may be accepted, provided there are no dependent children under 18 years of age. The recently published brochure "Today's Decision — Tomorrow's Reward" emphasizes the need for preparedness during peacetime so that in event of national emergency Reserve nurses may assume responsibilities for nursing care of patients in military hospitals.

The Korean Conflict. Korean nurses were not equipped to meet either the military or civilian disaster. American missionary nurses had helped to establish the first schools of nursing early in the century, but neither the status of women nor the standards of medical care had been conducive to the development of nursing.

During the American occupation following World War II, an Army nurse, with several assistants, was placed in charge of the Nursing Affairs Section of the Bureau of Public Health and Welfare. Their first task was to find native nurses and arouse in them a sense of pride in their profession and a feeling of responsibility for the health of their own people. Classes in modern nursing, with emphasis on public health, were organized in connection with both city and provincial nursing schools. At the request of the Government the basis for an Army Nurse Corps was recommended and the Korean Army Nurse Corps was activated in 1948. The Korean nurses were encouraged by Army nurses and others to work toward

the development of a national organization which would be eligible for membership in the International Council of Nurses. Such was the unstable nursing situation when the Republic was invaded on 25 June 1950.

A few Army nurses were landed "in the infected mud" of that (extremely unsanitary) country only 10 days after the first American troops. Some of them were veterans who had served in the North African and Italian campaigns. They were undaunted by the mountainous terrain, the mud and dust, water shortages, or the improvised surgeries. They were there to give care to the seemingly ceaseless flow of wounded men. They were outfitted with battle helmets, fatigue denims, and Army shoes and stockings. With the coming of winter they adopted soldiers' heavy outer- and underclothing. It was far from glamorous attire, but, as a famous war correspondent had said of similarly attired nurses in Italy, "They walked in beauty." They looked "wonderful" to our soldiers.

These nurses began at once to care for patients in a hospital which had been set up in an abandoned schoolhouse which was without lights, heat, or water. Until quarters could be secured for them, they used the school's auditorium as a dormitory, sleeping in their bed rolls. After a few months of strenuous service more nurses arrived and the pioneers were returned to the States. There they helped that amazing accordion, the ANC, to expand again. Their poignant accounts of the situation in Korea roused the interest of the ANA which endeavored to assist the ANC by setting up quotas—based on membership — for the State nursing associations. During the 3 years of the Korean War 2,000 nurses were recalled or volunteered for service and the ANC reached a peak strength of 5,500 nurses. Only 10 percent of the Corps received assignments in Korea.

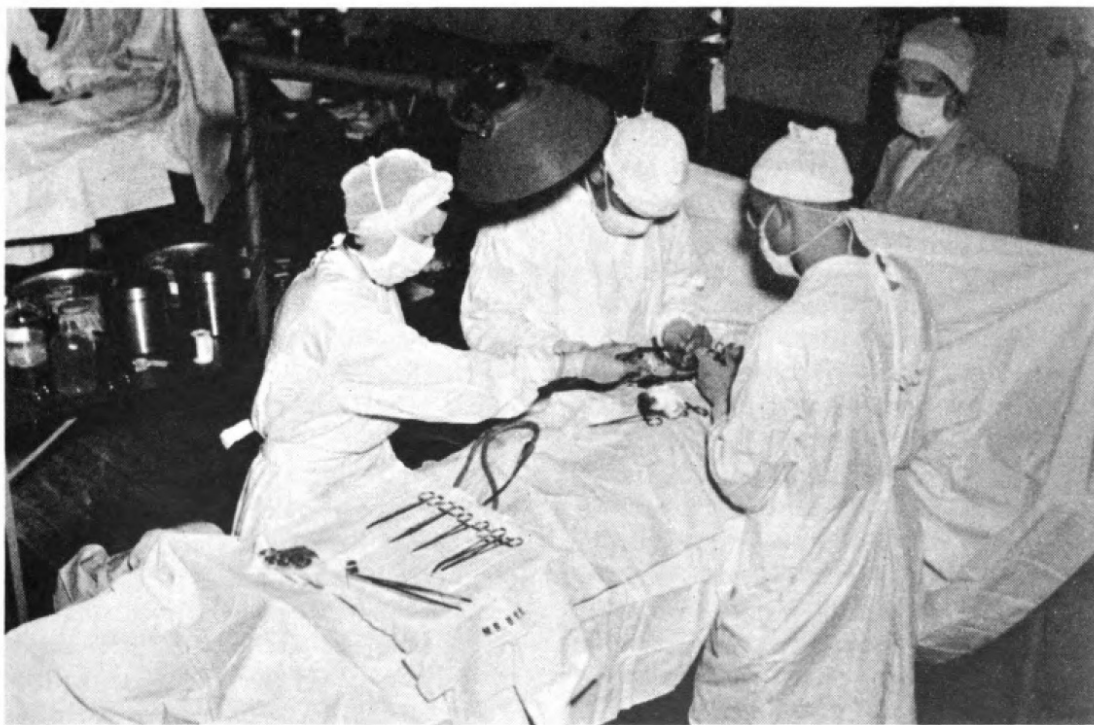
MASH Units. A majority of nurses

was attached to Mobile Army Surgical Hospitals (MASH) which were set up only 10 minutes away by helicopter from areas where bombs were bursting. As they moved forward and back and forward again with the battlelines, other nurses became as swiftly adept as the veterans in setting up and taking down ward and operating units. The use of disposable equipment, available for the first time in such situations, was truly a boon. Prompt surgery, and the use of blood, plasma, dextrose, and penicillin, saved many lives. As rapidly as possible patients were flown to more permanent installations in Japan where a few native nurses were employed as professional or nonprofessional nurses, depending on their preparation, to supplement the work of the Army nurses.

An epidemic of hemorrhagic fever, a condition previously unknown to American physicians, called for special action. A ward in an evacuation hospital was equipped with an artificial kidney and set up for the care and study

of victims of this infection. The desperately ill patients, threatened by such complications as aspiration pneumonia, intercurrent infection and pulmonary oedema, called for intensive nursing care. To provide this care, an in-Service program was set up for nurses and attendants. Working to save these patients—a good percentage of lives were saved—was a deeply satisfying experience for the participating doctors and nurses.

United Nations Effort. Most of the countries which sent troops to Korea under the aegis of the United Nations—among them Ethiopia, France, Holland, Greece, Turkey, and Thailand—also sent small numbers of nurses. They were especially helpful as interpreters. Members of the ANC enjoyed caring for patients of many nations. Some of them felt that their own personalities changed as they endeavored to communicate with patients as sorely in need of reassurance as of care. British, Danish, and Swedish nurses worked



KOREAN CONFLICT: OPERATION PERFORMED IN MASH UNIT IN KOREA.



KOREAN CONFLICT: UNITED NATIONS NURSES AT HOSPITAL IN KOREA.

with their own organizations, but the highly fraternal impulses of nurses of all nations brought them all together to organize a minuscule "United Nations": The organization met at stated intervals, when conditions permitted, for comradeship and carefully planned discussions of professional problems. Opportunities for diversion were limited. All personnel had to take the utmost precautions in the use of food and drink. Picnics, always a favorite type of recreation at Army posts, were usually taboo because of the insanitary condition of the country. But hospitable nurses can always find a way to entertain

guests, especially those who, like themselves, are far from home. American nurses counted it a feminist triumph when Korean doctors brought their wives to some of the parties.

Never had there been greater need for the initiative and courageous leadership of nurse officers. Their response to the challenge won the admiration of those best qualified to judge—the commanding officers who were directly responsible for the lives of thousands of soldiers. As one of them wrote: "They met life in harsh moments—when it hovered one heartbeat from death. Their hands reached out unflin-

ingly at an unknown soldier's cry. When hope ebbed each face remained compassionate because it was often the last thing on earth the soldier saw."

Special Assignments in Korea. After the truce, The Surgeon General of the Republic of Korea Army (ROKA) asked for medical assistance in improving and expediting the care of their patients. This called for the development of a training and teaching program for all ROKA medical service personnel. When members of the ANC were given opportunities to volunteer for this service they responded in accordance with the splendid traditions of the Corps. Although the first tentative steps toward the development of the Korean Army Nurse Corps had been taken in 1948, an analysis of the situation revealed a startling variety of fundamental problems, including the barriers of language, culture, and the subservience of women. The medical profession offered little stimulus to effort. Educational standards varied greatly and some nurses admitted that they had been taught better methods than they practiced. Organization patterns for hospitals had not been established. As in other Oriental countries, family care was still permitted in some Korean hospitals.

It was agreed that the ROKA hospitals should be patterned after those of the U. S. Army, since they had similar missions. To accomplish that objective it was realized that hope of success lay in the initial and continuing development of good interpersonal relationships. The task could be accomplished only by patient and sympathetic efforts coupled with genuine desire to be helpful without domination. The role of the American Army nurse was fourfold: She worked in the operation room, central supply, ward, or gave formal classroom instruction with followup. The successive steps in these assignments were to organize a department or ward, to procure equipment or sup-

plies, and to start an on-the-job-training program for all personnel under the supervision of a nurse. More formal instruction was organized on three levels: For graduate nurses, student nurses, and corpsmen. An extraordinary amount and variety of equipment was made available by ingenious improvisation. Course outlines were carefully developed. Before they were withdrawn the ANC nurses noted with satisfaction that the Korean nurses seemed to have great pride in maintaining their reorganized hospitals.

In connection with this project a nurse with special experience in blood therapy volunteered and was assigned to set up a blood bank. As such therapy was unknown in Korea, much patience and sympathetic understanding were required to overcome superstitious resistance to the program. In the initial stages donors could be secured only on military orders: The improvement in the health of potential donors, which followed medical treatment of the anaemias became an important factor in changing attitudes. Army nurses cherish memories of the gratitude of Korean doctors who seemed to be as appreciative of the incidental lessons in English as of technical assistance received.

Among the experiences of nurses who responded to calls for volunteers was that of one who worked for 8 months with the Korean Civilian Assistance Command. Billeted with a group of American officers, she was the only white woman in an interior province. Her assignment was to supervise a number of orphanages. She traveled by jeep for many miles, accompanied only by a driver and an interpreter. Guerrilla warfare added considerable spice of danger to that assignment. Her program consisted mainly of the teaching of elementary health principles and the use of unfamiliar foods such as the baby foods and dried milk supplied by co-operating agencies.

CHAPTER VII

REORGANIZATION OF THE ARMY NURSING SERVICE

The Patient-Care Team. In the early postwar period a number of Army Medical Service policies were adopted which have provided a stimulating background for the progressive development of the ANC. All officers should be college graduates: This dictum was accepted in principle, but the Army set 2 years of college preparation as the immediate and more practical goal for all officers. The Army Medical Service began directing its efforts toward "the establishment of military medicine as a part of, and not apart from, American medicine." After an experimental period it adopted the team concept of medical care and announced its decision well before the principle was generally accepted throughout the Country. It set up a career-guidance program for medical officers, in connection with its program for internships and residencies at the Army's medical centers, which emphasized the importance of specialization—authenticated by diplomas from the specialty boards. At an early date the Army Medical Service School, which now has a Department of Nursing Science including a faculty of approximately 30 well-qualified nurses, was transferred to Fort Sam Houston and enormously expanded in scope and resources. The ANC was honored when the excellent library of this school was named the Julia C. Stimson Library.

Our Mission. The Medical Department performs its mission "to conserve fighting strength" by providing excellent medical care for military personnel and their dependents which is based on the scientific principles of therapeutic and preventive medicine. It ensures progress in medical practice by engaging in extensive laboratory and clinical research which it coordinates with similar

activities in civilian institutions. Nurses participate in the stimulating experience of working as members of teams engaged in clinical research as, for example, in the care of burns—a subject of special concern in relation to nuclear warfare—and a variety of other conditions. As a result of these various factors, the Army Medical Service is making forward-looking adjustments in the Nursing Service. Important trends in military nursing are paralleling those in civilian nursing.

Utilization of Nursing Service Personnel. During the Korean conflict the Department of Defense, realizing that "there has been a shortage of Registered Nurses in the United States for many years," issued specific instructions on "utilization of Registered Nurses." This directive pointed out that "it is necessary that Registered Nurses in the Armed Forces be utilized economically and that the nursing services be operated with increased efficiency." The Army Medical Service thereupon adopted the policy that "**Military nursing is an identifiable service composed of both professional and non-professional personnel.**"

At about this time Colonel Phillips, having completed her 4-year term as Chief of the Corps, retired. Her successor, Col. Ruby F. Bryant, was also a graduate of the Army School who left teaching to become a nurse. She had held many important posts including a key role in setting up the famous Malinta Hospital on Corregidor. For her wartime service she had been awarded the Army Commendation Ribbon and other honors. Colonel Bryant and her associates courageously faced the fact that implementation of the Defense Department directive called for nothing less than a reconstruction of the Army Nursing Service which would require withdrawal of nurses from positions in which professional skills were not utilized and the preparation for "military practical nurses and other

auxiliary personnel to assume the less technical and non-professional duties presently performed by professional nurses." It was realized that this formidable task would inevitably be burdened with considerable psychological resistance to change in long established methods.

This group of administrative nurses in The Surgeon General's office was thoroughly familiar with the fact that evolutionary processes in civilian nursing were placing increasing emphasis on the managerial and teaching functions of professional nurses. Under Colonel Bryant's leadership they undertook the reorganization of the 51-year-old service with devotion to the best traditions of the Corps and a clear vision of its important mission in a rapidly changing world. These far-seeing nurses were convinced that, by finding ways to improve the care of patients, they would also make Army nursing a very attractive career for well qualified nurses with varied backgrounds of education and experience. By means of conferences with chief nurses and other groups, including resource persons from civilian nursing, they translated convictions into plans for dynamic action. Time, they know, would be required to overcome resistance to change and to inspire all members of the farflung Corps with new concepts of service. They had reason for pride when, only 4 years after receiving the directive, The Surgeon General was able to tell the Chief Nurses attending an annual conference that **"placing all non-professional personnel under the professional nurse and giving her responsibility for the entire program has been perhaps one of our greatest accomplishments."** New responsibilities had been accepted and methods changed to accord with them. Much of the anticipated resistance had been avoided by making **patient-centered care** the focal point of all planning. The philosophy and methods by which revolutionary

changes are being accomplished are now making Army nursing an integral part, "instead of a service apart," of all nursing. Indeed, the ANC is moving into a position of dynamic leadership in the profession.

Reorganization Based on Research. The nature and scope of the problems to be solved in order to improve the nursing care of patients was determined by research, for, as a famous scientist has said, "Research is an organized method of finding out what you are going to do when you cannot keep on doing what you are doing now." Two research projects which were undertaken at Valley Forge Hospital provided a substantial foundation for the reconstruction of the service. A hospital management study cleared the way for assigning a variety of functions which do not require nursing skill to other services, such as food service, central supply, and pharmacy. A courier service provided by convalescent patients also helped to make it possible for nurses to spend more time with patients. This service was found, incidentally, to have therapeutic value for the convalescents. Nursing Service retained only such housekeeping duties as are required to care for patients' immediate environment and for the equipment essential to nursing service. Through reallocation of duties and regrouping of patients, an impressive increase in direct patient care was made possible. It is significant that this study antedated by many months the publication of the results of a comparable civilian study.

Categorization of Patients According to Nursing Needs. The second major study at Valley Forge was conducted by a nurse management analyst. Her appointment can now be viewed as an historic event of the first magnitude in the new field of nursing research. Staffing patterns, based on medical diagnoses or on the number of bed patients, had been found unsatisfactory.



COL. RUBY F. BRYANT, CHIEF, ARMY NURSE CORPS (1951-1955).

The nurse management analyst undertook a study based on the assumption that a system of classification could be evolved which would demonstrate each patient's requirements for nursing service which would include all the elements of good nursing: Nursing procedural requirements, physical restrictions, emotional factors, and instructional needs. Patients were categorized on the basis of their daily needs as determined on the basis of round-the-clock studies. A system of eight categories of nursing requirements (later reduced to four) was set up. They range from the requirement of constant service by a professional nurse for 24 hours a day, plus some supplemental auxiliary service, to convalescent care, which requires supervision but no direct nursing service.

In this study the nursing unit, whether comprising one or more wards, was considered to be the unit administered by a head nurse. Units were staffed by Nursing Service teams. Their components varied with the function of the unit but each team had a nucleus of head nurse, ward master, and ward clerk (a type of worker introduced for the first time during the course of this study). Additional personnel were assigned on the basis of the categorization of patients' nursing needs. It should be noted that in addition to professional and nonprofessional military personnel Army nursing services may include a variety of civilian personnel in addition to graduate nurses (who often provide a usefully stable element in a service) such as attendants, ward clerks, and voluntary nurses aides. Teams, therefore, might include one or more graduate staff nurses, clinical technicians (practical nurses), basic medical or surgical technicians, or civilian personnel. Two administrative devices were inaugurated. Work assignment sheets were used for activities that could not be planned in advance. Nurses' assignments were posted daily before per-

sonnel reported for duty. Nursing care plans for each patient were then developed as a corollary to the regimen planned by the doctor. Precise staffing patterns were not developed, but the study demonstrated that a service, based on the categorization of patients' nursing requirements, could both improve the quality of nursing care and lower the cost of nursing service, provided that:

1. The services of nonprofessional workers are integrated under professional nurse leadership,
2. labor-saving equipment is available, and
3. supportive service is provided by other military personnel.

A nurse analyst assigned to Walter Reed Hospital, who enjoyed the cooperative and understanding support of the Chief Nurse, secured the enthusiastic cooperation of all head nurses in making a comprehensive study of the total nursing needs of all patients. Changes in attitude and deepening interest in patient care became apparent as the study progressed. Here, as at Valley Forge, nurses throughout the hospital have intense pride in the scope and quality of the nursing care their patients receive.

When the Valley Forge study had been referred to the Hospital Management Research Unit of the Army Medical Service, recommendations based on it were released to all hospitals and a staffing guide was prepared for the use of the Class I hospitals. Within the general military administrative pattern Army hospitals display many individual differences. The reorganization of the Nursing Service has therefore proceeded more rapidly in some institutions than in others depending on various factors, such as the structure and equipment of the institution and the interest and experience of the administrative personnel. Some hospitals have well developed in-Service educational programs for which a nurse, assigned as educational

coordinator, is responsible. Increasing emphasis is being placed on the importance of in-Service programs for both professional and nonprofessional personnel. Improvement in patient care is being facilitated by centralized materiel services, recovery rooms, and, in institutions having large maternity services, the adoption of the "rooming-in" system advocated by the Academy of Pediatrics. Nurse-patient communication systems are being installed in all new construction and in some of the existing institutions.

The Career Guidance Program. The tremendous task of integrating the spectrum of nursing skills into the patterns of patient-centered care required by the Army calls for a much higher percentage of nurses with administrative and teaching skills than can be found in a cross section of the profession. To meet this challenging situation an excitingly interesting Career Guidance Program has been established. Devised primarily to meet the needs of the Service, it offers qualified and ambitious nurses unusual opportunities for professional development. Here again, the ANC is in harmony with both the mammoth organization of which it is an integral part and the nursing profession. The Career Guidance Program for the Medical Corps was well established when that of the ANC was launched. As a result of the two programs a dynamic and pervasive interest in advancement through education is a striking characteristic of many Army hospitals. With the requirement of 2 years of college preparation for all officers before them, considerable numbers of nurses on duty at Army hospitals located in the vicinity of institutions of higher education are, of their own volition and on their own time, taking courses which may lead to degrees. Considerable numbers of those less conveniently located are taking advantage of the correspondence courses prepared especially for them. As officers, both Regular and Reserve nurses look

forward to advancement in grade with increased pay at each step up the ladder of promotion. Promotion in grade, up to a certain point, is a reward for continuity of service. Advancement in the upper echelons is based on both longevity and demonstrable interest and competence. It can no longer be assumed that sufficient numbers of nurses will, undirected, merit promotion to the higher brackets.

The Guidance Program has been developed on the basis of careful studies (1952) of the professional preparation and experience of members of the Corps in relation to their functions. All newly appointed members of the ANC receive the same orientation to military service as other officers in the Medical Department with two additional weeks devoted to the Nursing Service. A few nurses considered unadapted to military service may be released at this point. Those with special clinical interests or the potential qualities for leadership and aptitude for administration may look forward to progression in military experiences and educational opportunities. A wide variety of courses providing for the progressive professional development of individual nurses at no financial outlay to themselves is now available to members of both the Regular and the Reserve Corps. Devised primarily to improve the care of patients in Army hospitals, these courses and the learning atmosphere they engender greatly enhance the value of military experience for nurses who may wish to return to civilian positions. The courses are grouped under the general headings of clinical and management specialties.

The management specialties are given at the Army Medical Service School where experts in many fields—medicine in all its phases, in military and social sciences, and educational methods such as the preparation and use of visual aids—participate in the programs planned for nurses. When possible "developmental assignments" are ar-

ranged in connection with programs leading to clinical specialization. The clinical courses are usually given at selected Army hospitals which are not only unusually well-equipped and well-staffed, but also rich in clinical resources.

The Clinical Courses. Courses in anesthesiology, given at four of the Army's Medical Centers, have recently been expanded to 2 years in order to include a 1-year clinical developmental program, or preceptorship, as a staff anesthetist.

A course in neuropsychiatric nursing given at the Army Medical Service School in collaboration with Brooke Army Hospital is recognized by experts as outstanding in its field.

The obstetrical nursing course given at Walter Reed Hospital in affiliation with Catholic University carries academic credit for nurses who meet the University's matriculation requirements.

A 22-week course in operating technique and management is given at both Walter Reed and Letterman Hospitals.

Institutes for ANC. Attendance at well-planned short courses, such as institutes and workshops under Army, American Hospital Association, NLN, or ANA auspices has proved to be an effective method for stimulating interest in changing methods. Experts in various fields of nursing have been honored by ANC invitations to direct or participate in institutes or conferences in a variety of subjects including nursing service administration, military operating room nursing, medical management or mass casualties, the work of nurse management analysts, pediatric nursing, and Army health nursing. The young Army Health Program (organized in 1950) is under the Preventive Medicine Division of The Surgeon General's office. Its recent Institute carried two semester credits at Catholic University for nurses meeting certain matriculation requirements.

It is noteworthy that the Department of Atomic Casualties at the Walter

Reed Medical Center arranged a work conference on disaster nursing which was requested and sponsored by the ANA in 1956. The program and equipment made a deep impression on civilian nurses who were unfamiliar with the Army's modern equipment and who were unaware that the military agencies had made a fine art of the preparation and use of visual aids.

Advanced Professional Courses. After 2 years of active service in the ANC, nurses interested in administration are eligible for the course in ward administration and supervision. Those who plan to remain in military service may enroll in Nursing Administration (for chiefs of nursing service and supervisors of clinical sections), and Army Medical Service Officers' Advanced Course which offers information on and preparation for staff assignment. Also a few spaces are available for nurses in the course in Hospital Administration which is given in affiliation with Baylor University.

Members of the Regular Corps who have shown outstanding interest and competence may be selected for not more than 1 year of study leading to a bachelor or higher degree at an educational institution accredited by the NLN. The number of such opportunities has been increased annually for several years, more than 30 nurse-officers enjoyed the privilege in 1955.

Good Nursing Care Requires Preparation. When Col. Inez Haynes followed Colonel Bryant as Chief of the Corps the staffing and guidance programs were well established. A native of Texas, Colonel Haynes is a graduate of the Scott and White Hospital School at Temple and of the University of Minnesota. Colonel Haynes is one of the rare people who, due to environmental influences, entered nursing for the sole purpose of becoming eligible for military service. She has served at posts in all areas: In the United States, the Philippines, Europe, and the Pacific



COL. INEZ HAYNES, CHIEF, ARMY NURSE CORPS (1955-).

Theater. She has a strong following as she carries forward and expands the progressive programs established by her predecessors. Major emphasis is now being placed on continuous improvement in patient care through in-Service programs and on building up the Active and Ready Reserve to provide for the future by ensuring a continuous flow of well-qualified nurses into these important components of the ANC.

An attractive educational opportunity is presently available to female Registered Nurses currently enrolled or accepted in colleges or universities in a course leading to a bachelor's or master's degree in one of the various fields of

nursing. Hundreds of graduate nurses are enrolled in part-time study at educational institutions and to some of them the coveted degree seems a distressingly distant goal. The Army's Registered Nurse Student Program offers to qualified nurses who can complete the requirements for a bachelor's or master's degree in 1 calendar year a commission in the Army Nurse Corps Reserve. Selected participants will become members of the Corps for a period of 3 years which includes the 1 year of study under this Program. Participants receive the pay and benefits including uniform allowance of an officer during this period of active duty.

The Army Student Nurse Program recently implemented provides a unique opportunity to worthy student nurses who need financial assistance. Young women who are enrolled in schools of nursing accredited by the National League Accrediting Service are eligible to apply at the end of their second year in the nursing program. Selected applicants will be required to enlist in the Women's Army Corps Reserve with concurrent call to active duty for the purpose of participating in this program. Students will remain at their own nursing school until they have completed the prescribed course and qualify for State licensure. Four months prior to completion of their nursing course, participants will apply for commissions as second lieutenants in the Army Nurse Corps Reserve. Upon receipt of notification of State licensure, individuals will be commissioned and ordered to active duty in the Army Nurse Corps Reserve for a period of 2 or 3 years, depending upon the time spent in training under this program. If an individual participates in the program for a 12-month period, her obligation as an officer would be 2 years of active duty; if more than 12 months but not more than 24 months is spent in this program, she would incur an obligation of 3 years. Not more than 250 candidates will be selected annually for this program.

The ANC—Today and Tomorrow. The postwar decade has witnessed many changes in nursing, none more striking than the transformation of the ANC from a negative to a positive and constructive force in the profession. The record of nurses as volunteers for military service and the quality of their service under the leadership of the ANC fully justified the wartime slogan "Nursing Is a Proud Profession."

Since World War II the Corps has grown in both military and professional stature. By various means it is rapidly becoming "a part of all nursing." As

a member of the Council of Federal Nursing Services, it contributes to and shares the thinking of that influential group. It has developed cooperative relationships with many of the national organizations which have some interest in nursing service. As members of committees and conference groups of the NLN and ANA, Corps representatives have an influential voice in matters of mutual concern such as service in mass casualties and the adjustment of curricula to include elements now considered essential to the development of military nursing. When occasion arises it is assured of the powerful support of the ANA on matters of mutual legislative interest. It has the increasingly helpful support of the Department of Defense Advisory Committee on Women in the Services (DACOWITS) on matters of special concern to all women in the Service. Since this committee has a primary function to stimulate acceptance of military service as a career for women it has a supportive relationship to ANC programs. In common with the ANA this committee agrees that a 2-year period of military service should be an interesting and useful as well as a patriotic experience for those who do not intend to make military service a career.

The incentives of promotion in grade, the dynamic leadership, the extraordinary variety and richness of clinical experience, the provisions for specialization and educational advancement, the opportunities for service in other countries and for incidental travel, and the economic security provided by the ANC make military nursing an unusually attractive career. Oldest of the Federal nursing services, the ANC has served the Nation with devotion for more than 55 years. On the basis of its honorable past and its dynamic present the Army Nurse Corps offers a rewarding career to professionally qualified nurses.

THE PRAYER OF AN ARMY NURSE

Hear my prayer in silence before Thee
As I ask for courage each day.

Grant that I be worthy of the sacred pledge of my profession;
And the lives of those entrusted to my care.

Help me to offer hope and cheer in the hearts of men and
my country—
For their faith inspires me to give the world and nursing
my best.

Instill in me the understanding and compassion of those who
let the way—
For I am thankful to You for giving me this life to live.

Mildred I. Clark
Lt. Col., ANC

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